

Periscope.

REVUE NEUROLOGIQUE

(Vol. 12, 1904, No. 3. February 15.)

1. A Case of Cerebral Hemiplegia with Persistent Hemianesthesia. ED. LONG.
2. Carbon Bisulphide Polyneuritis. GEORGE GUILLAIN and V. COURTELEMENT.
3. A Case of Dysantigraphia. C. GULBENK.

1. *A Case of Hemiplegia.* The author discusses briefly the subject of persistent hemianesthesia of cerebral origin and the situation and extent of the lesions. It has been established by anatomical investigation that either a destruction of the optic thalamus, especially the external and inferior portion or extensive cortical and subcortical lesions may represent the structural alteration in a persistent cerebral hemianesthesia. The thalamo-cortical tracts are destroyed in their course above the internal capsule, and not in the "carrefour sensitif" of Charcot. A case is recorded of left hemiplegia, with contractures and persistent hemianesthesia; hemianopsia and diminution of the taste, smell and hearing on the left side, of ten years duration. Multiple areas of softening were demonstrated by serial section. An area of cortical softening due to occlusion of the artery of the ascending frontal convolution, necrosis and cyst formation in the region of the insula, external capsule and lenticular nucleus, referable to occlusion of the lenticulo-striate artery were found. There was also a focus of softening in the left external geniculate body.

2. *Carbon Bisulphide Polyneuritis.* The patient, a young man, aged 17, had been employed in manufacturing toy balloons for three months. It was necessary to plunge the balloons in a bath containing carbon-bisulphide, so that the exposure was both to the fumes and to direct contact. Three months after beginning his occupation the legs grew weak, later the hands becoming affected. There was at no time pains or any subjective or objective disturbances of sensibility. The hands perspired freely and there were reactions of degeneration in the intrinsic muscles of the hands. No tenderness of the nerve trunks. He was subject to headaches, was forgetful, had at times a feeling of intoxication, and a taste of carbon bisulphide in the mouth. Recovery was complete. The interesting features of the case were the early appearance of the paralysis after exposure (three months), the quadriplegia without sensory disturbances and the amnesia which was general and not restricted to any one period of the patient's life. The authors emphasize the importance of greater care and attention to hygienic measures in factories where carbon-bisulphide is utilized.

3. *A Case of Dysantigraphia.* A physician, aged 70, developed a weakness of the right side of the face and an embarrassment in his speech. He understands and reads in the three languages of which he is master, but voluntary speech is slow and polysyllables are uttered with difficulty, although quite correctly. Writing to dictation is unimpaired. On an attempt to copy, the first two lines are reproduced correctly, the third line shows signs of uncertainty and the fourth line is quite illegible, the patient asserting his inability to proceed further. He can, however, at this moment write correctly and with ease to dictation. After an interval of fifteen minutes, is again able to copy the first two lines, the writing then again becomes indistinct and illegible. Some observer,

believe that in the art of writing, the visual impressions of words and letters are utilized, while others contend that the sound and articulation memories are converted into graphic symbols. The author asserts that both visual and auditory memories are concerned in spontaneous writing; while in writing to dictation the auditory memories alone are involved and in copying the visual memories. Hence granting an independent center for writing in the base of the second frontal convolution, the lesion would implicate the tract uniting this center with the cortical visual center in the case under discussion. The peculiar nature of the functional disturbance is regarded as a sort of *claudication intermittente*. Because of the functional resemblance to the condition described as dyslexia (Bruns), the term dysantigraphia is suggested as appropriate.

(Vol. 12, 1904, No. 4. February 29.)

1. A Case of Brachial Neuritis with Autopsy. M. W. E. TAYLOR (Cleveland).

1. *A Case of Brachial Neuritis with Autopsy*.—The patient, a woman, aged 55, developed symptoms of a right brachial neuritis. Pain began in the ulnar distribution, later extending to the whole arm. The attack lasted six weeks. Six years after the first attack she was again seized with sharp pains in the right arm, followed by progressive atrophy of the muscles; very pronounced in the intrinsic muscles of the hand, less marked in the forearm and only slightly indicated in the arm and shoulder. Electrical reactions were those of degeneration. The tactile sense was diminished over the whole arm and the pain and temperature sense were diminished in the area corresponding to the distribution of the median and ulnar nerves. The bone sensibility was likewise diminished. No trophic disturbances. There was extreme tenderness of the peripheral nerve trunks and of the plexus. The terminal branches of the nerves and the muscles were also quite tender. Two years later the atrophy had diminished somewhat in intensity, but the objective sensory disturbances and the tenderness remained the same. These conditions persisted until the death of the patient, 14 years after the initial attack. *Autopsy*.—Microscopically the cord, nerve roots and nerves were normal, save a diminution in the size of the ulnar nerve. In the ulnar, median and musculo-spiral nerves, there was evidence histologically of an old parenchymatous process with secondary hyperplasia of the neural connective tissue. These changes were marked in the ulnar nerve, especially at the wrists, and present to a lesser degree in the median and musculo-spiral, diminishing in intensity in the axillary region. From the fifth cervical to the first dorsal segments inclusive, the right anterior horn was diminished in volume and the ganglion cells occupying a lateral position in the horn were shrivelled and atrophied. The anterior and posterior spinal nerve roots were normal. The etiology is unknown, but a toxic or infectious origin was thought probable.

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NEUROLOGISCHES CENTRALBLATT

(Vol. 22, 1903, No. 15. August 1.)

1. Case of Peripheral Right Sided Paralysis of the Hypoglossal Nerve. A. PAUSKI.
2. Concerning the Diagnostic Value of Irregular Pupils in the So-Called Organic Nervous Disease. J. PILTZ.
3. Concerning the Pathogenesis of the Specific Illusions of General Paretics. A. WIZEL.